

Title	Isle of Wight NHS Trust Board Performance Report 2012/13	
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Purpose	To update the Trust Board on progress against key performance measures and highlight risks and the management of these risks.	
Previously considered by (state date):		
	Acute Clinical Directorate Board	N/A
	Audit and Corporate Risk Committee	N/A
	Charitable Funds Committee	N/A
	Community Health Directorate Board	N/A
	Executive Board	
	Foundation Trust Programme Board	
	Finance, Investment & Workforce Committee	22/01/2013
	Mental Health Act Scrutiny Committee	N/A
	Nominations Committee (Shadow)	N/A
	Planned Directorate Board	N/A
	Quality & Clinical Performance Committee	16/01/2013
	Remuneration Committee	N/A
Staff, stakeholder, patient and public engagement:		
Executive Summary:		
This paper sets out the key performance indicators by which the Trust is measuring its performance within 2012/13. A more detailed executive summary of this report can be found on page 2.		
Related Trust objectives	Sub-objectives	
Quality, Innovation, Productivity, Prevention, Reform	1) Improve the experience and satisfaction of patients, carers, partners and staff. 3) Continuously develop and implement our Business Plan. 4) Redesign our workforce so people of the right skills & capabilities are in the right places to deliver our plans. 5) Improve value for money and generate a surplus. 6) Develop our estate and technology to improve the quality and value of the services we provide. 7) Improve services & achieve objectives by creating and working within robust strategic commercial partnerships. 8) Develop our relationships with key stakeholders to improve our patient services & collectively deliver a sustainable local health system. 9) Develop our Foundation Trust application in line with the timetable set out in our agreement with the SHA. 10) Develop our organisational culture, processes and capabilities to be a thriving FT dedicated to our patients.	
Risk and Assurance	Delivery of financial, operational performance and strategic objectives, FT application, CQC ratings	
Related Assurance Framework entries	2.21 - HCAI ; 1.1 - complaints trends ; 2.22 - Mixed sex accommodation ; 3.8 - key national targets ; 5.15 / 5.44 - CIP schemes ; 6.3 / 6.4 - capital expenditure	
Legal implications, regulatory and consultation requirements	None	
Action required by the Board:		
The Trust Board is asked to receive the Performance Report and the exception reports provided for indicators that are either 'red' in month, or at risk year to date		
Date	Wednesday 27th February 2013	

## **Patient Safety, Quality & Experience:**

Overall performance against our key safety and quality indicators is satisfactory although there are a number of areas highlighted that are still not meeting the target. Most notable concerns are:

Pressure ulcers, the numbers of grade 3 & 4 pressure ulcers decreased in month, however performance remains worse than target.

Healthcare Acquired infections remain a concern as we are currently above our trajectory for both MRSA and Cdiff. 1 new case of C-Diff reported in January, no new cases of MRSA for fourth consecutive month.

Finally the number of complaints in month remains high (23) and the year to date volume (282) suggesting our year end position will be worse than planned.

## **Workforce:**

The total pay bill was above plan for January and is above plan YTD, the number of FTEs in post is also slightly higher than plan. Agency staff pay is above planned levels.

Sickness absence was above plan in January (4.73%) and is slightly above plan YTD (3.61%). Specific problem areas are identified and challenged at directorate performance review meetings.

## **Operational Performance:**

Emergency care 4 hour standard (94.22%) was slightly below the national 95% target. Various factors including bed capacity affected performance during January. Performance has improved during February and current year to date and quarter to date indicators remain above target.

High Risk TIA fully investigated and treated within 24 hours did not meet our very challenging locally extended target of 95% but was well above the national target of 60%. Performance was affected by 1 patient who declined to attend.

Provisional indicators for Cancer patients seen < 14 days after urgent GP referral suggest performance (87.66%) is below target (93%). If required further root cause analysis will be completed once data has been ratified.

Action plans to improve our data quality performance continue to be developed.

## **Finance & Efficiency:**

Overall we remain on track against our financial plan and we still anticipate achieving at year end. Our Monitor Financial Risk Rating remains 3.

Monthly Performance meetings continue for each directorate with Exec Directors (Medical, Nursing, Finance and HR) to review performance. Separate Finance meetings are undertaken to provide a more detailed Finance review. Monthly Capital Investment Group meetings held with Facilities, Finance and directorates.

## **General:**

Work continues to develop the focus on triangulating a range of metrics across workforce, finance, operational performance and quality. Projects to provide real value-add analysis and improved timeliness of information are being established to support the Trust's overall Information strategy.

GRR Ref.	To achieve the highest possible clinical standards for our patients in terms of outcomes, safety and experience						
	Patient Safety, Quality & Experience	Annual Target	Actual Performance		YTD	Month Trend	12/13 Forecast
4a 4b	Summary Hospital-level Mortality Indicator (SHMI)*	1.0856	1.0734	Q3	1.0734		1.0734
	Hospital Standardised Mortality Ratio (HSMR)	TBC		11/12	107		TBC
	Patients admitted that develop a grade 3 or 4 pressure ulcer	TBC	0.36%	Jan-13	TBC	↗	TBC
	Level 1 & 2 CAHMS seen within 18 weeks referral to treatment	100%	No Data	Jan-13			100%
	Improving nutrition and meal times	100%	TBC		TBC		TBC
	Number of children 16 or under admitted to an Adult MH Ward	0	0	Jan-13	0	↔	0
	Inpatients >75 will be screened for dementia within 72 hours	90%	No Data	Jan-13	90.90%		TBC
	28 Day readmission rate in MH	9%	6%	Jan-13		↘	TBC
	MRSA	1	0	Jan-13	2	↔	TBC
	C.Diff	13	1	Jan-13	12	↔	TBC
	Clinical Incidents (Major/Catastrophic) resulting in harm	TBC	3	Jan-13	62	↗	TBC
	Falls - resulting in significant injury	24	0	Jan-13	11	↔	<24
	VTE	90%	95.72%	Jan-13	93.12%	↗	>90%
	Delivering C-Section	20%	25.00%	Jan-13	20.83%	↘	<21%
	Normal Vaginal Deliveries	65%	67.00%	Jan-13	68.44%	↘	>65%
	Breast Feeding	75%	77.00%	Jan-13	73.94%	↗	>75%
	Formal Complaints	299	23	Jan-13	282	↔	>299
	Patient Satisfaction (Net Promoter Score)						
	Mixed Sex Accomodation	0	0	Jan-13	15	↔	15

To develop our people, culture and workforce competencies to implement our vision and clinical strategy						
Workforce	In Month Target	Actual Performance		YTD	Month Trend	12/13 Forecast
Total workforce SIP (FTEs)	2,666.9	2,709.0	Jan-13	n/a	↘	
Total pay costs (inc flexible working) (£000)	£9,491	£9,760	Jan-13	£97,187	↗	£95,219
Variable Hours (FTE)	181.1	164.7	Jan-13	1595.9	↗	1829.3
Variable Hours (£000)	£148	£706	Jan-13	£6,518	↗	£1,730
Staff absences	3.0%	4.73%	Jan-13	3.61%	↗	3%
Staff Turnover	5%	0.60%	Jan-13	5.09%	↗	
Mandatory Training	80%	65%	Jan-13	65%	↘	
Appraisal Monitoring	100%	3.0%	Jan-13	67.9%	↗	
Employee Relations Cases	0	122	Jan-13	1460		

To build the resilience of our services and organisation						
Operational Performance	Annual Target	Actual Performance		YTD	Month Trend	12/13 Forecast
Emergency Care 4 hour Standards	95%	94.22%	Jan-13	95.19%	↘	>95%
Ambulance Category A Calls % < 8 minutes	75%	76.35%	Jan-13	76.87%	↗	>75%
Ambulance Category A Calls % < 19 minutes	95%	96.96%	Jan-13	97.43%	↘	>95%
Stroke patients (90% of stay on Stroke Unit)	80%	86.21%	Jan-13	86.02%	↘	
High risk TIA fully investigated & treated within 24 hours	95%	90.91%	Jan-13	72.53%	↗	
Breast Cancer Referrals Seen <2 weeks*	93%	100.00%	Jan-13	93.50%	↗	93%
Cancer Patients receiving subsequent Chemo/Drug <31 days*	98%	100.00%	Jan-13	99.63%	↔	100%
Cancer Patients receiving subsequent surgery <31 days*	94%	94.44%	Jan-13	96.76%	↗	>94%
Cancer Patients treated after screening referral <62 days*	90%	100.00%	Jan-13	100.00%	↔	100%
Cancer Patients treated after consultant upgrade <62 days*	85%	No Patients	Jan-13	100.00%	↔	100%
Cancer diagnosis to treatment <31 days*	96%	100.00%	Jan-13	98.88%	↔	>96%
Cancer urgent referral to treatment <62 days*	85%	88.10%	Jan-13	91.25%	↗	>85%
Cancer patients seen <14 days after urgent GP referral*	93%	87.66%	Jan-13	92.90%	↘	
RTT:% of admitted patients who waited 18 weeks or less	90%	94.00%	Dec-12		↘	>90%
RTT: % of non-admitted patients who waited 18 weeks or less	95%	97.18%	Dec-12		↘	>95%
RTT % of incomplete pathways within 18 weeks	92%	95.46%	Dec-12		↘	>92%
No. Patients waiting > 6 weeks for diagnostic	100	1	Jan-13	7	↗	<10
%. Patients waiting > 6 weeks for diagnostic	1%	0.1%	Jan-13		↗	0.1%
Elective Activity (Spells) (M9 target - 694)	8551	635	Dec-12	6,758	↘	
Non Elective Activity (Spells) (M9 target - 1,130)	13,199	1,109	Dec-12	10,147	↘	
Outpatient Activity (Attendances) (M9 target - 11,167)	137,505	9,817	Dec-12	108,768	↘	
Data Quality	2	5.5	Nov-12	n/a	↔	

To improve the productivity and efficiency of the trust, building greater financial sustainability						
Finance & Efficiency	Annual Target	Actual Performance		YTD	Month Trend	12/13 Forecast
Achievement of financial plan	£500k	100%	Jan-13	100%	↔	£500k
Underlying performance	£500k	100%	Jan-13	100%	↔	£500k
Net return after financing	0.50%	N/A	Jan-13	1%	↔	
I&E surplus margin net of dividend	=>1	N/A	Jan-13	TBC	-	
Liquidity ratio days	=>15	TBC	Jan-13	60	↘	
Monitor Financial risk rating	3	3	Jan-13	3	↔	
Capital Expenditure as a % of YTD plan	=>75%	N/A	Jan-13	59%	↗	
Quarter end cash balance (days of operating expenses)	=>10	12	Dec-12	90	↗	
Debtors over 90 days as a % of total debtor balance	=<5%	N/A	Jan-13	27%	↘	
Creditors over 90 days as a % of total creditor balance	=<5%	N/A	Jan-13	0%	↔	
Recurring CIP savings achieved	100%	N/A	Jan-13	54%	↘	
Total CIP savings achieved	100%	N/A	Jan-13	108%	↗	
Contract Penalties	TBC	£6,731	Jan-13	£47,303	↗	
Theatre utilisation	83%	77.31%	Jan-13	83.70%	↘	
Cancelled operations on day of / after admission	0.42%	0.87%	Jan-13	0.72%	↘	
Average LOS Elective (non-same day)	TBC	2.98	Jan-13	3.06	↗	
Average LOS Non Elective (non-same day)	TBC	8.43	Jan-13	7.63	↘	
Outpatient DNA Rate	TBC	8.43%	Jan-13	7.77%	↘	
Emergency Readmissions within 30 days	TBC	6.30%	Jan-13	6.2%	↗	
Daycase Rate	0.75	0.68	Jan-13	0.74	↗	
Project Management - Due milestones met	80%	68%	Dec-12	89%	↘	

\*Cancer measures for January are provisional figures

## Highlights

- No new cases of MRSA (4th consecutive month)
- No Falls resulting in significant injury during January
- Excellent performance for Stroke Patients 90% of stay on Stroke unit sustained
- Breast Cancer referrals seen within 2 weeks achieved 100% in month
- Cancer 31 Day subsequent Chemo/drug treatment achieved 100%
- Cancer 31 Day diagnosis to treatment achieved 100%
- Cancer 62 Day treated after screening referral achieved 100%
- Finance on Plan

## Lowlights

- Pressure Ulcers indicators above target
- 1 new case of C-Diff
- Complaints remain high
- Emergency Care 4 hour standard not met for January
- Capital expenditure (invoices paid)
- Debtors over 90 days
- Level of non-recurrent CIP

**Analysis: Quality Account Priority: Prevention & Management of Pressure Ulcers**

KPI No	KPI Description	Frequency	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1	Percentage of patients admitted who develop a pressure ulcer grade 2 and above	Monthly		1.05%	0.80%	0.56%	1.34%	1.26%	0.86%	1.08%	1.22%	1.18%	1.16%		
2	Prevalence of pressure ulcers grade 2 and above, in the hospital setting on a month by month basis	Monthly		4.68%	3.43%	0.48%	1.83%	1.33%	1.33%	2.60%	0.87%	0.50%	2.00%		
3	Reduce the number of patients with grade 3 and 4 pressure ulcers by 25% based on 2011/12 baseline	Monthly	2011/12	0.17%	0.66%	0.43%	0.26%	0.25%	0.16%	0.33%	0.32%	0.34%	0.38%	0.28%	0.08%
			2012/13	0.15%	0.00%	0.37%	0.09%	0.34%	0.19%	0.54%	0.26%	0.49%	0.36%		

**Commentary**

January's data for the incidence of pressure ulcers demonstrates a small improvement on the incidences of grade 2 pressure ulcers, and also grade 3 and 4 pressure ulcers, which are the more serious, in the hospital setting. We are working to reduce these further and are focussing on ward areas to ensure that they have the appropriate assessments and care planning in place to demonstrate high quality pressure ulcer care

The Tissue Viability Service are following up on patients to ensure good care planning is in place whilst patients are in hospital. The action plan has been revised and will be reviewed at Quality and Clinical Performance Committee. As part of this a competency assessment plan is being developed to ensure all Band 7 nurses can demonstrate high level competency in this area of care, this will be rolled out to all other clinical staff on the wards including registered and healthcare support workers over the next few months.

## Commentary:

### Clostridium difficile

The Trust has had 1 case of C.difficile in January 2013; the total has increased to 12 YTD.

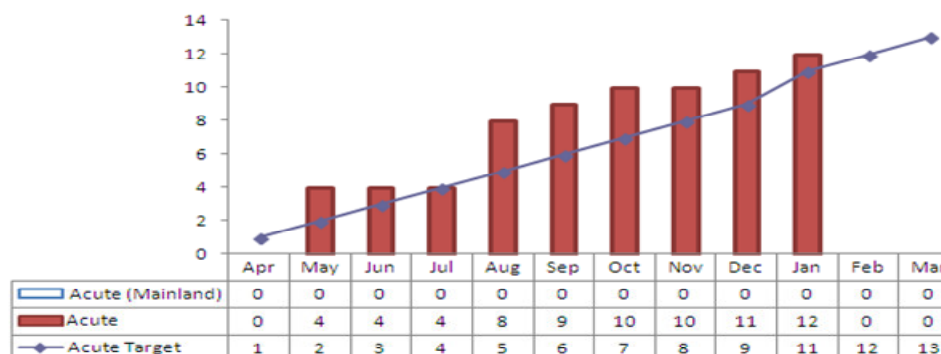
There continues to be a Root Cause Analysis undertaken for each case and the Acute Directorate are in the process of leading a combined RCA on the last five cases. This work will be supported by the Infection Prevention and Control Team.

### MRSA Bacteraemia

There were no new MRSA bacteraemia cases in January 2013

## Analysis:

Acute Target - Acute Acquired Cases (Cumulative)



Isle of Wight NHS Trust

MRSA	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Acute Target	1	0	0	0	0	0	0	0	0	0	0	0	1
Actual	0	1	0	0	0	1	0	0	0	0			2

## Action Plan:

## Person Responsible:

## Date:

## Status:

All cases continue to be subject to root cause analysis to identify actions necessary to ensure the trajectory remains achieved. A risk register entry for this target is being prepared by the DIPC in conjunction with the infection prevention and control team.

Executive  
Director of Nursing &  
Workforce

Ongoing

An external review was undertaken by Prof. Janice Stevens on 19th November and a report and recommendations has been received. An action plan was generated and this was due to be recommended by the Quality and Clinical Performance Committee in January.

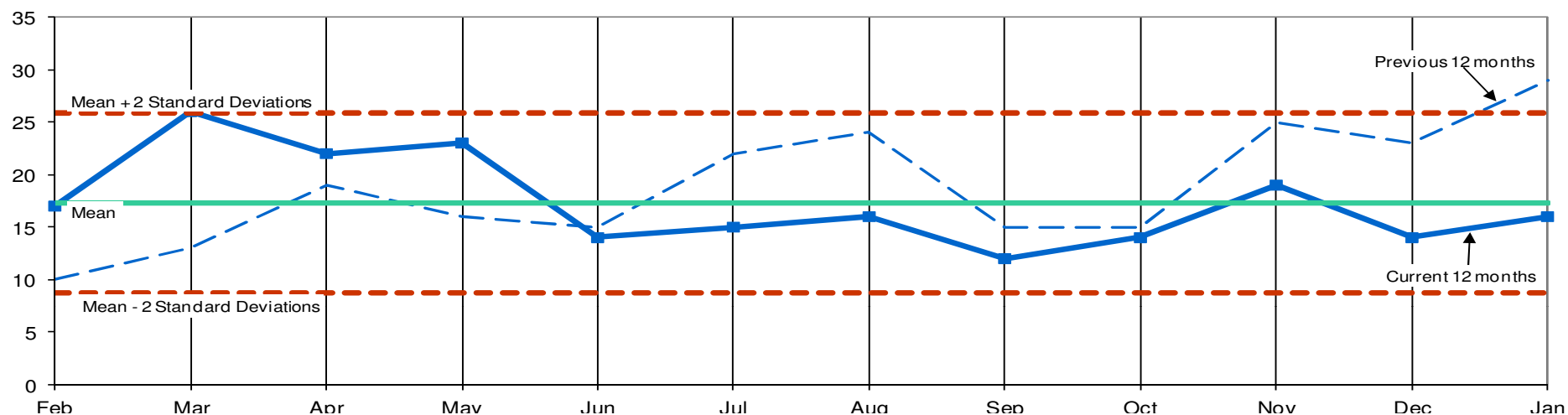
Executive  
Director of Nursing &  
Workforce

Jan-13

In progress

## Analysis:

KPI No	KPI Description	Frequency	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1	Number of Slips, Trips & Falls Resulting in Injury	Monthly	22	23	14	15	16	12	14	19	14	16		
2	Number of Slips, Trips & Falls Resulting in Serious Injury	Monthly	3	0	2	0	2	2	1	3	0	0		



## Commentary

This indicator looks at the proportion of slips/trips/falls that have resulted in serious or extreme injury.

The Trust should be aiming for no slips/trips/falls that result in serious or extreme injury

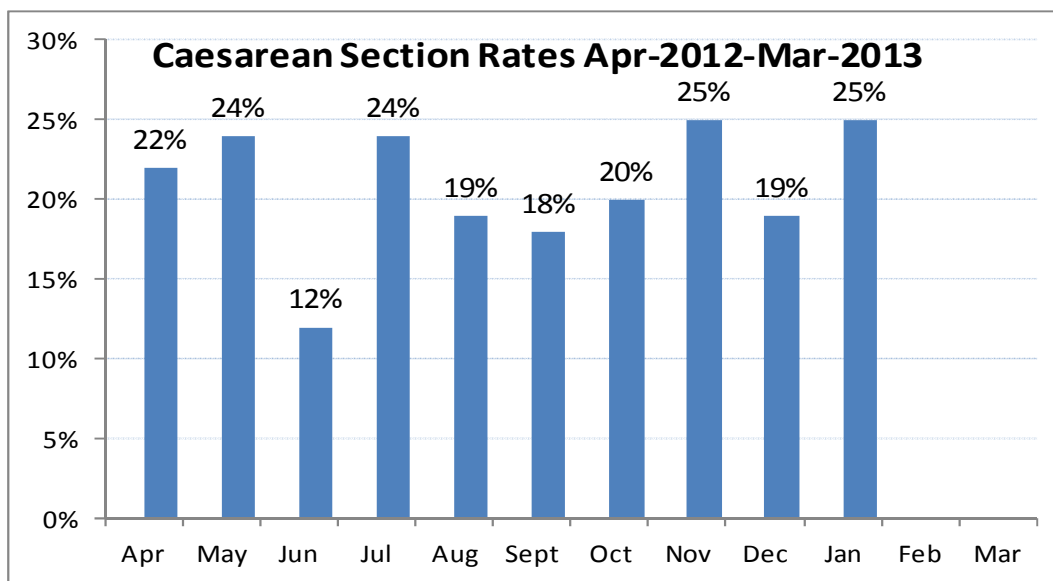
During January 2013 there were 60 slips/trips/falls reported and of these, 16 resulted in injury and none were Major or Catastrophic.

\*Figures correct at time of producing this report, however may change at future date due to re-grading of incident - earlier figures have been updated, since reporting in previous reports.



## Caesarean Sections

### Analysis:



### Commentary

January activity reflected birth rate of 99 and the elective planned C-Section was on par at 7%. Emergency C-section was at 18% which reflected an overall increased rate of 25% rate this month. All activity on the RCOG dashboard is reviewed in clinical outcomes monthly meetings and labour ward meetings. Year end to date reflects overall C/s rate of 21%. We do reflect peaks at times with our rate and it is easily affected with small numbers. The induction of labour rate was 29% high this month for various high risk concerns so the result was expected.

The targets above were changed from September 2012 onwards to reflect the Royal College of Obstetricians and Gynaecologists (RCOG) dashboard national reporting (previously locally agreed) and the RAG ratings in the summary pages at the front of this report have been changed to reflect this for the year to date.

The comparatively small numbers have an exaggerated impact on percentages and although scrutinised every month, action is only appropriate if a trend appears subsequently.

## Commentary:

There were 23 provider complaints received in January 2013 (23 previous month).

Across all complaints and concerns in January 2013: Top 3 **areas** complained about were:

General Surgery (10);  
Emergency Dept (7);  
MAAU (7)

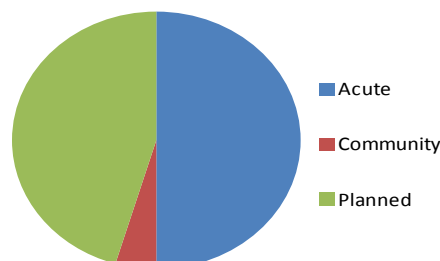
Across all complaints and concerns in January 2013: Top 3 **subjects** complained about were:

Clinical care (25);  
Out-patient delay/cancellation (20);  
Communication (13)

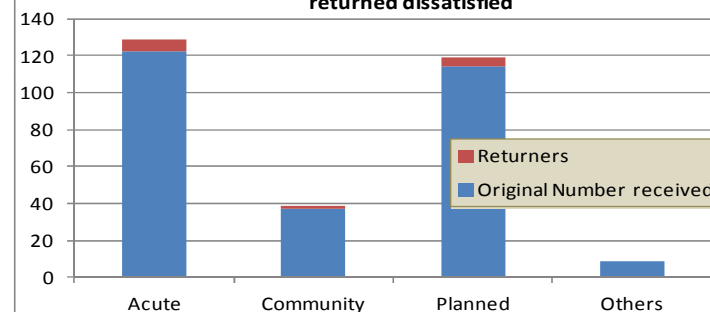
**Analysis:** Table showing complaints by primary subject:

Primary Subject	Jan 2012	Dec 2012	Jan 2013	CHANGE	RAG rating
Clinical Care	12	7	12	5	↑
Nursing Care	2	6	0	-6	↓
Staff Attitude	2	6	2	-4	↓
Communication	2	0	3	3	↑
Outpatient Appointment Delay / Cancellation	4	0	2	2	↑
Inpatient Appointment Delay / Cancellation	0	0	1	1	↑
Admission / Discharge / Transfer Arrangements	2	0	0	0	→
Aids and appliances, equipment and premises	0	0	0	0	→
Transport	2	0	0	0	→
Consent to treatment	0	0	0	0	→
Failure to follow agreed procedure	0	0	0	0	→
Hotel services (including food)	0	0	1	1	↑
Patients status/discrimination (e.g. racial, gender)	1	0	1	1	↑
Privacy & Dignity	1	2	0	-2	↓
Other	0	2	1	-1	↓

Complaints By Directorate - January 13



Complaints received Apr 12 to date including those who returned dissatisfied



## Action Plan:

We are looking at making the Patient Experience Officers more visible in order to be more accessible to patients, therefore dealing with concerns immediately, to support the reduction in those that escalate to formal complaints.

As part of the change in how we work, we will be looking at the PEOs supporting and educating staff in dealing and managing the concerns.

## Person Responsible:

Executive Director of Nursing & Workforce /  
Provider Quality Manager

Executive Director of Nursing & Workforce /  
Provider Quality Manager

## Date:

Jan-13

Jan-13

## Status:

Ongoing

Ongoing

## Commentary:

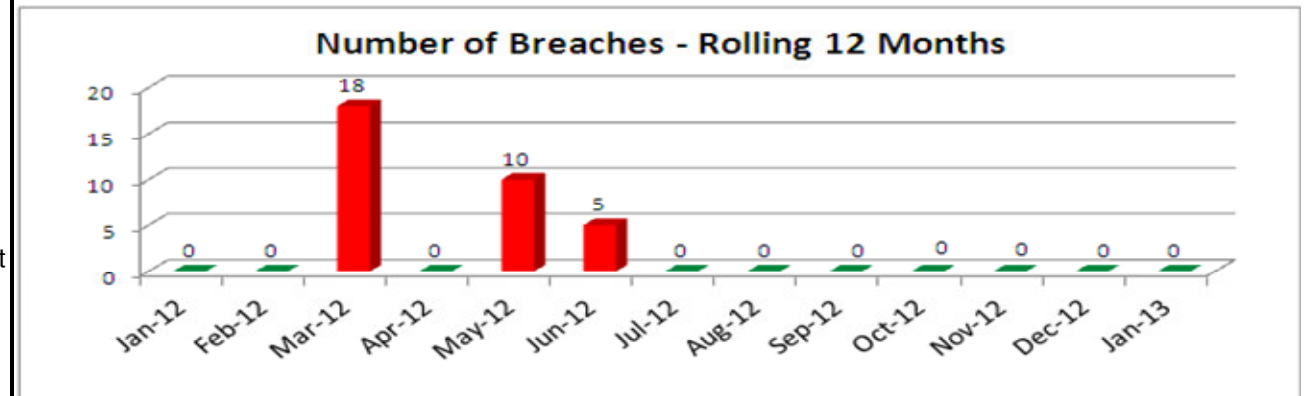
For the seventh consecutive month there have been no single sex accommodation breaches.

We continue to achieve zero tolerance for mixed sex accommodation despite significant pressures on bed and infection control challenges. We are reviewing how we utilise our side rooms to best effect in accordance with best practice guidance.

The Bed Management Team continue to provide excellent support during potentially difficult times coordinating patient flow and meeting our mixed sex accommodation targets.

## Analysis:

Graph showing mixed sex accommodation breaches trend



## Action Plan:

## Person Responsible:

## Date:

## Status:

## Emergency Care 4 hour standard

### Commentary:

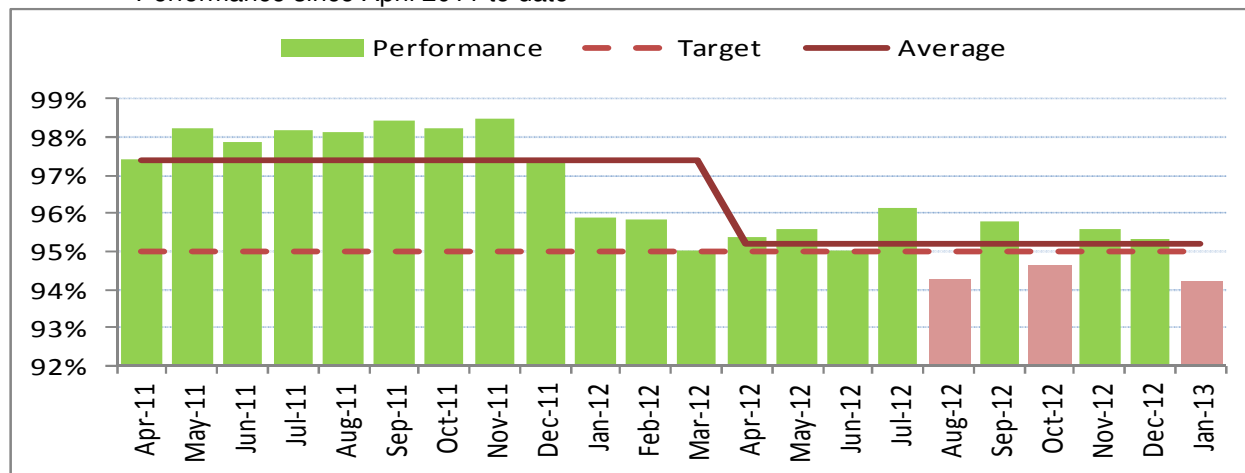
The hospital experienced several red alerts during this period which significantly affected the ability of patients to move through the department. High numbers of breaches were due to lack of bed availability.

Other breach reasons included high activity, delays in requesting diagnostics and transport issues.

However, performance has improved and both quarterly and year to date performance are above target.

### Analysis:

Performance since April 2011 to date



### Action Plan:

Winter action plans are in place and daily reviews remain a high priority. Root Cause Analysis is being undertaken on all breaches for February and an analysis action plan will be produced.

Refurbishment of department is continuing.

### Person Responsible:

Matron/Head of Clinical Care/ Executive Medical Director

Project Manager/Matron

### Date:

Feb-13

May-13

### Status:

Ongoing

Green - on target

## Commentary:

Performance continues to fluctuate in both of these key stroke KPIs, with occasional months where the target is not achieved. Actions are underway to ensure sustainable delivery of these targets.

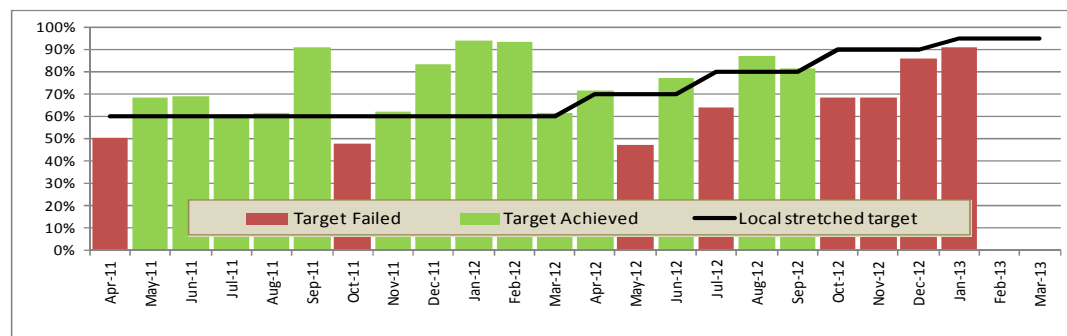
### Proportion of people with high-risk TIA fully investigated and treated within 24 hours:

The trust is meeting the National target for this indicator of 60%

The single breach this month was due to the patient declining to attend.

## Analysis:

Proportion of people with high-risk TIA fully investigated and treated within 24 hours:



## Action Plan:

Patients declining appointments - Requires guidance from National Stroke Network about how to resolve this, as it felt it is unachievable due to patient decline of appointment and small numbers seen on the IOW.

Frequent deviance from identified TIA pathway which can lead to delay in referral - Action Lead(s) conduct monthly data analysis to monitor compliance with pathway and liaise with medical team as appropriate to improve compliance.

Ambulance service to commence direct referrals to TIA Clinic

## Person Responsible:

Clinical Lead for Stroke

Clinical Lead for Stroke

Clinical Lead for Stroke  
/ Clinical Practice  
Development Officer  
(Ambulance)

## Date:

Ongoing

07/09/2012

Feb-13

## Status:

13.8.2012: Leaflets now available, posters developed in GP surgeries, nurse reiterates the importance of the patient attending the appointment  
13.8.2012: Initial contact made by Clinical Lead for Stroke for request of guidance

17/12/12 Audit ongoing. JJ and PIDs working with Regional Stroke data analyst to look at whole years figures and develop action plan from this

19.11.2012: The Clinical Practice Development Officer is currently looking in to best method of receiving referrals. PGD for Aspirin under development. Stroke & TIA recognition training already undertaken by all ambulance personnel. 17/12/12. proposal developed. meeting with commissioners on 8/1/13 to discuss impact on Ambulance service. To take proposal to CCG in January. Probable 6 month pilot to identify impact on current resources

# Isle of Wight NHS Trust Board Performance Report 2012/13

January 13

## Data Quality

<div><b>Commentary:</b></div> <div>The information centre carry out an analysis of the quality of provider data submitted to SUS. They review 3 main data sets - Admitted Patient Care, Outpatients and A&amp;E.</div> <div>Based on this analysis there are a number of areas within each data set where we show as having invalid records in excess of the national average. One area of particular concern is the high proportion of records with an invalid Ethnic category in the OP &amp; A&amp;E datasets as this is the focus of a national target.</div>	<b>Analysis:</b>											
	Total APC General Episodes: 20,749				Total Outpatient General Episodes: 107,215				Total A&E Attendances 29,790			
	Data Item	Invalid Records	Provider % Valid	National % Valid	Data Item	Invalid Records	Provider % Valid	National % Valid	Data Item	Invalid Records	Provider % Valid	National % Valid
	NHS Number	368	<div><div></div>98.2%</div>	99.0%	NHS Number	831	<div><div></div>99.2%</div>	99.0%	NHS Number	771	<div><div></div>97.4%</div>	99.0%
	Patient Pathway	5990	<div><div></div>0.2%</div>	55.3%	Patient Pathway	98731	<div><div></div>0.0%</div>	55.3%	Registered GP Practice	16	<div><div></div>99.9%</div>	55.3%
	Treatment Function	0	<div><div></div>100.0%</div>	99.8%	Treatment Function	0	<div><div></div>100.0%</div>	99.8%	Postcode	7	<div><div></div>100.0%</div>	99.8%
	Main Specialty	0	<div><div></div>100.0%</div>	100.0%	Main Specialty	0	<div><div></div>100.0%</div>	100.0%	PCT of Residence	58	<div><div></div>99.8%</div>	100.0%
	Reg GP Practice	2	<div><div></div>100.0%</div>	99.9%	Reg GP Practice	2	<div><div></div>100.0%</div>	99.9%	Commissioner	297	<div><div></div>99.0%</div>	99.9%
	Postcode	5	<div><div></div>100.0%</div>	99.9%	Postcode	6	<div><div></div>100.0%</div>	99.9%	Attendance Disposal	361	<div><div></div>98.8%</div>	99.9%
	PCT of Residence	19	<div><div></div>99.9%</div>	99.2%	PCT of Residence	5	<div><div></div>100.0%</div>	99.2%	Patient Group	1	<div><div></div>100.0%</div>	99.2%
	Commissioner	47	<div><div></div>99.8%</div>	99.3%	Commissioner	30	<div><div></div>100.0%</div>	99.3%	First Investigation	463	<div><div></div>98.4%</div>	99.3%
	Primary Diagnosis	1533	<div><div></div>92.6%</div>	98.5%	First Attendance	0	<div><div></div>100.0%</div>	98.5%	First Treatment	1948	<div><div></div>93.5%</div>	98.5%
	Primary Procedure	0	<div><div></div>100.0%</div>	99.5%	Attendance Indicator	1	<div><div></div>100.0%</div>	99.5%	Conclusion Time	315	<div><div></div>98.9%</div>	99.5%
	Ethnic Category	0	<div><div></div>100.0%</div>	98.2%	Referral Source	1097	<div><div></div>99.0%</div>	98.5%	Ethnic Category	14193	<div><div></div>52.4%</div>	98.2%
	Neonatal Level of Care	0	<div><div></div>100.0%</div>	98.8%	Referral Rec'd Date	1097	<div><div></div>99.0%</div>	99.5%	Departure Time	247	<div><div></div>99.2%</div>	98.8%
Site of Treatment	0	<div><div></div>100.0%</div>	95.7%	Attendance Outcome	55	<div><div></div>99.9%</div>	98.5%	Department Type	0	<div><div></div>100.0%</div>	95.7%	
HRG4	1535	<div><div></div>92.6%</div>	98.3%	Priority Type	1097	<div><div></div>99.0%</div>	99.5%	HRG4	606	<div><div></div>98.0%</div>	98.3%	
				OP Primary Procedure	0	<div><div></div>100.0%</div>	98.2%	<div>Key:</div> <div><div></div> % valid is equal to or greater than the national rate</div> <div><div></div> % valid is up to 0.5% below the national rate</div> <div><div></div> % valid is more than 0.5% below the national rate</div>				
				Ethnic Category	41903	<div><div></div>60.9%</div>	98.8%					
				Site of Treatment	0	<div><div></div>100.0%</div>	95.7%					
				HRG4	5	<div><div></div>100.0%</div>	98.3%					
<b>Action Plan:</b>		<b>Person Responsible:</b>		<b>Date:</b>		<b>Status:</b>						
Undertake a detailed review of the informatio provided by the Information Centre and compare with our local data sources.		Head of Information / Asst. Director - PIDS		Mar - 13		Ongoing						
Identify and implement 'quick wins'												
Develop a detailed action plan to improve quality of data submitted to SUS.												

# Isle of Wight NHS Trust Board Performance Report 2012/13

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## Workforce - Key Performance Indicators

Measure	Period	Month Target/Plan	Month Actual	In Month Variance	RAG rating	In Month Final RAG Rating	Trend from last month
Workforce FTE	Jan-13	2667	2709	42	!		↓
Workforce Variable FTE	Jan-13	181	165	-16	✓		↑
Workforce Total FTE	Jan-13	2848	2874	26	!	!	↑
Finance	Period	Month Target/Plan	Month Actual	In Month Variance	RAG rating	Year-to Date Final RAG Rating	
Total In Month Staff In Post Paybill	Jan-13	£9,343	£9,054	-£289	✓		↓
In Month Variable Hours	Jan-13	£148	£706	£558	✗		↑
In Month Total Paybill	Jan-13	£9,491	£9,760	£270	!		↑
Year-to Date Paybill	Jan-13	£95,219	£97,187	£1,968	✗	✗	
Sickness Absence	Period	Month Target/Plan	Month Actual		RAG Rating		
In Month Absence Rate	Jan-13	3%	4.73%		✗		

Key			
✓	Green - On Target		
!	Amber - Mitigating/corrective action believed to be achievable		
✗	Red - Significant challenge to delivery of target		

**Data Source:**  
FTE data, and Absence data, all taken directly from ESR,  
Financial Data, provided by Finance

### Action:

All data is monitored with the Finance team, weekly, fortnightly and monthly. Extraordinary meetings are held with Clinical Directorates to discuss variances and courses of action. The HR Directorate is closely monitoring and supporting clinical directorates with their workforce plans, in particular their control over their spend of variable hours. This will form the basis of the summary workforce actions and plans for this month to enhance progress and monitoring individual schemes. Significant action has been taken by directorates to reduce hours spend.

# Isle of Wight NHS Trust Board Performance Report 2012/13

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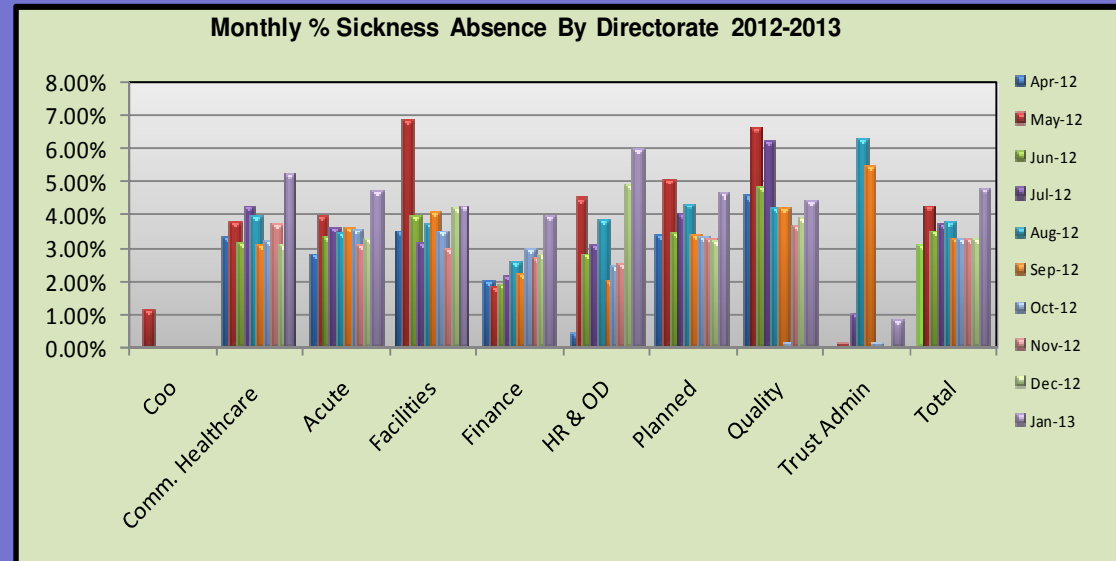
## Sickness Absence - Monthly Sickness Absence by Directorate

### Commentary:

Detailed Analysis of all long term sickness absence is sent to Occupational Health, Health & Safety and Back Care. Associate Directors, Quality and Finance are also informed.

Actions are followed up at Performance Review and Directorate Meetings.

The Bradford Score is now being used as an additional tool to assist with managing short term absence.



Action	Person Responsible	Date	Directorate monitoring
Actively promoting the Bradford Score System, focussing on areas with high absence rates, to encourage a timely return to work. Any issues referred to Occupational Health Department for review. Occupational Health are trying to reduce referral times.	Departmental Managers	Ongoing	All
HR are working closely with Planned to ensure Mandatory refresher training on sickness is carried out, alongside a two week focus on holding absence review meetings – (triggered from 3 episodes in 3 months sickness absence) and a RTW audit for compliance by matrons / general managers.	Departmental Managers/HR	Ongoing	Planned
















Data Source: ESR/PID dashboard/Allocate E-Rostering System



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Key Performance Indicators Month 10

Performance Area	Commentary	RAG Rating In Month	RAG Rating YTD	RAG Rating Full Year Forecast
Financial Risk Rating	• Overall Ratings unchanged from prior month, overall rating of 3 after normalisation adjustments.	Green 	Green 	Green 
Summary	• I&E position on plan in the month (£41k surplus vs £42k plan). YTD £416k surplus vs YTD plan £415k. Year end forecast of £500k surplus on plan.	Green 	Green 	Green 
Cost Improvement Programme (CIP)	• Month - CIPs of £1042k vs plan of £702k. YTD have delivered £6,298k against a plan of £5,825k. £701k of banked CIPs have been brought forward in the month.	Green 	Green 	Green 
Working Capital & Treasury	• Cash 'in-hand' and 'at-bank' is £4,786k.	Green 	Green 	Green 
Capital	Capital plan currently £15.4m. All capital now allocated for 12-13. YTD spend £7.6m	Amber Green 	Amber Green 	Amber Green 

Commentary: Monthly Performance meetings continue for each directorate with Exec Directors (Medical, Nursing and Finance) to review performance. Weekly financial review meetings held with Planned directorate to monitor and review action plans on CIP delivery and recovery of overspend.

# Isle of Wight NHS Trust Board Performance Report 2012/13

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## Income & Expenditure - Key Highlights

(in £'000)	Month			YTD			Full Year		
	Budget	Actual	Actual v Budget (+ over / - under)	Budget	Actual	Actual v Budget (+ over / - under)	Budget	Forecast	Forecast v Budget (+ over / - under)
<b>I&amp;E by subjective:</b>									
<b>Income</b>									
Income - Patient Care Revenue	13,201	13,299	98	124,006	123,988	(18)	148,425	148,467	42
Acute	318	184	(134)	3,184	3,801	616	3,821	4,560	739
Planned	255	(41)	(296)	2,750	3,059	310	3,214	3,723	510
Community	(172)	(233)	(61)	2,042	2,108	66	2,381	2,447	66
Corporate	(114)	635	748	3,051	5,060	2,008	3,842	5,251	1,410
Reserves	-	-	-	-	-	-	-	-	-
<b>Total Income</b>	13,489	13,844	355	135,033	138,015	2,982	161,681	164,448	2,767
<b>Pay</b>									
Acute	2,890	3,040	151	28,529	29,549	1,019	34,290	35,314	1,024
Planned	2,788	2,590	(198)	26,345	27,099	753	31,442	32,230	789
Community	2,650	2,705	55	26,362	26,491	129	31,550	31,626	77
Corporate	1,163	1,424	262	13,982	14,049	66	16,816	16,687	(129)
Reserves	-	-	-	-	-	-	-	-	-
<b>Total Pay</b>	9,491	9,760	270	95,219	97,187	1,968	114,097	115,857	1,761
<b>Non-Pay</b>									
Acute	1,120	875	(245)	9,921	9,683	(238)	11,343	11,058	(286)
Planned	771	790	20	7,483	8,636	1,153	8,576	9,810	1,234
Community	377	360	(18)	4,070	3,700	(370)	5,038	4,594	(444)
Corporate	1,688	2,017	329	17,924	18,393	469	21,465	21,967	503
Reserves	(0)	-	0	0	-	(0)	662	662	-
<b>Total Non-Pay</b>	3,956	4,042	86	39,398	40,412	1,013	47,084	48,091	1,007
<b>Net Surplus / (Loss)</b>	42	41	(0)	415	416	1	500	500	0
<b>EBITDA</b>	31	40	9	406	404	(2)	488	488	0
<b>EBITDA (adjusted for rent)</b>	832	841	0	8,423	8,421	0	10,109	10,109	0
<b>CIP's</b>	702	1,042	340	5,825	6,298	473	7,271	7,272	1
<b>Reserves</b>							7,318	662	(6,656)
<b>Transitional Funding</b>							6,638	1,160	(5,478)

### Overall Position:

The Month 10 surplus of £41k and YTD surplus of £416k is on plan. The full year forecast is to achieve our planned surplus of £500k. The primary assumption in the forecast is to achieve full CIP savings target of £7,270k, plus additional funding to cover some costs already incurred, e.g. Winter pressure money & Additional Activity income.

**Income** - Income in the month is £355k higher than plan and includes an accrual of income for Dermatology Q3 activity (CV outstanding) and FT support income. Income is lower than budget in Planned; Community is due to the income now being incorporated onto the Patient Care Revenue line for dermatology and dental. YTD income is higher than plan by £2,982k with both RTA and NCA income exceeding the plan. Corporate in month figures reflect the budget correction for EMH for the year.

**Pay** - In month total pay is overspent by £270k primarily in Acute, Community and Corporate. Acute is overspent by £151k in month due to ongoing locum arrangements. Corporate overspend in month is due to EMH budget adjustment to alignment to annual contract figures. The YTD pay overspend of £1,968k is mainly due to the Bank and Locum costs incurred in Acute and Planned.

**Non Pay** - In month Corporate area overspend is £329k, mainly due to FT Programme costs for which the budget was £200k. Commissioner support of £300k expected to cover this overspend.

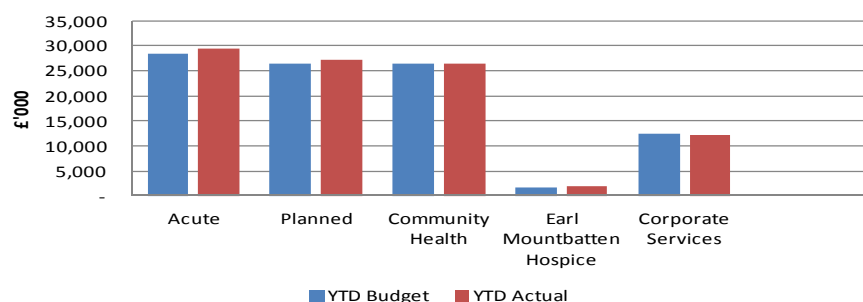
**CIP** - CIPs achieved in the month exceeded plan by £340k. Further analysis is provided on the CIP analysis page.

# Isle of Wight NHS Trust Board Performance Report 2012/13

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## Income & Expenditure - Pay Analysis

**YTD Pay - Budget vs Actual Month 10**



(in £'000)	Month			YTD			Full Year		
	Budget	Actual	Actual v Budget (+ over / - under)	Budget	Actual	Actual v Budget (+ over / - under)	Budget	Forecast	Forecast v Budget (+ over / - under)
<b>Pay</b>	-	-	-	-	-	-	-	-	-
Acute	2,890	3,040	151	28,529	29,549	1,019	34,290	35,314	1,024
Planned	2,788	2,590	(198)	28,345	27,099	753	31,442	32,230	789
Community	2,650	2,705	55	26,362	26,491	129	31,550	31,626	77
Corporate	1,183	1,424	282	13,082	14,049	88	18,818	18,887	(129)
Reserves	-	-	-	-	-	-	-	-	-
<b>Total Pay</b>	<b>9,491</b>	<b>9,760</b>	<b>270</b>	<b>95,219</b>	<b>97,187</b>	<b>1,968</b>	<b>114,097</b>	<b>115,657</b>	<b>1,761</b>

Commentary: The graph and the table above show a total adverse YTD variance against pay budgets of £1,968k at month 10 and overspend of £270k in the month. The YTD pay overspend is primarily due to bank & agency costs, Locum costs, unachieved vacancy factor (YTD budget £1,557k) and unachieved Pay CIPs. Medics recruitment is an ongoing concern and is now identified on the risk register. Both Acute and Planned directorates are incurring high Locum costs. However, it is encouraging to see Planned coming in within budget. The positive variance is due to in month budget adjustment for additional activity undertaken in Q3.

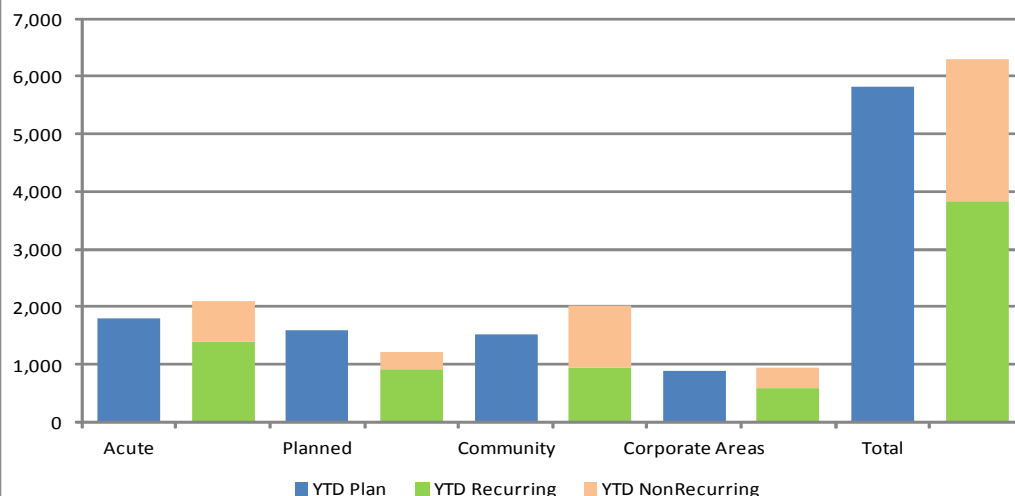
Action Plan	Person responsible	Date	Committee monitoring delivery
A project is currently underway to review the rates of bank staff to encourage more bank workers to join the Trust and reduce the amount of Agency staff used	Senior HR Manager / Executive Director of Nursing and Workforce	Ongoing	Finance Investment & Workforce committee
Detailed review of the Paybill discussed at Monthly Directorate Performance Reviews	Senior HR Managers / Associate Directors	Monthly	Finance Investment & Workforce committee
Detailed analysis of variable hours usage	Workforce Planning & Information Manager	Ongoing	Finance Investment & Workforce committee
Recruitment Scrutiny of all vacancies	Senior HR Manager / Resourcing Manager	Ongoing	Finance Investment & Workforce committee

# Isle of Wight NHS Trust Board Performance Report 2012/13

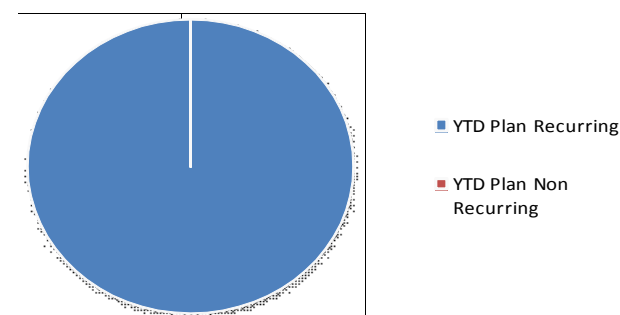
January 13

## Cost Improvement Programme - CIP Analysis

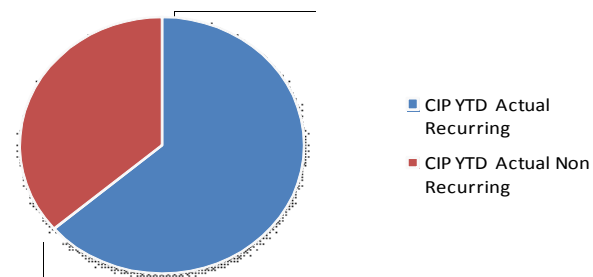
**IOW NHS Trust - CIP YTD Plan vs YTD Achieved**



**CIP Status - Year to date Plan  
in 000's**



**CIP Status - YTD Actual  
in 000's**



The YTD CIP achievement of £6,298k is higher than the target of £5,825k by £473k. The YTD achievement includes the recognition of £701k from future months. CIP forecast for year end is achievement of full year plan.

# Isle of Wight NHS Trust Board Performance Report 2012/13

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Cost Improvement Programme - CIP by Directorate

Cost Centre	Year to date (£'000)						Annual (£'000)					Next Year (£'000)
Directorate	Plan	Actual - Rec	Actual - Non Rec	Full Year Impact	Actual - Total	Variance	Plan	Forecast - Rec	Forecast - Non Rec	Forecast - Total	Variance	Risk of CIP c/fwd
Acute	1,804	1,284	706	112	2,102	298	2,273	2,058	215	2,273	1	117
Planned	1,592	886	305	25	1,217	(375)	2,035	1,580	268	1,848	(187)	262
Community Health	1,526	427	1,087	509	2,024	498	1,880	1,353	671	2,024	144	179
Unidentified CIP	0	0	0	0	0	0		0	0	0	0	0
Facilities	420	321	122	20	462	42	504	367	122	488	(16)	391
Finance & IM&T	215	25	196	-8	213	(2)	259	42	276	317	59	147
Human Resources	144	72	41	15	129	(15)	173	132	41	173	0	86
Trust Admin	58	58	0	14	72	14	70	70	0	70	0	0
Quality & Clinical Standards	47	47	0	9	56	9	56	56	0	56	0	0
Chief Operating Officer	18	18	0	4	22	4	22	22	0	22	0	0
<b>Grand Total</b>	<b>5,825</b>	<b>3,140</b>	<b>2,457</b>	<b>701</b>	<b>6,298</b>	<b>473</b>	<b>7,271</b>	<b>5,679</b>	<b>1,593</b>	<b>7,272</b>	<b>1</b>	<b>1,182</b>

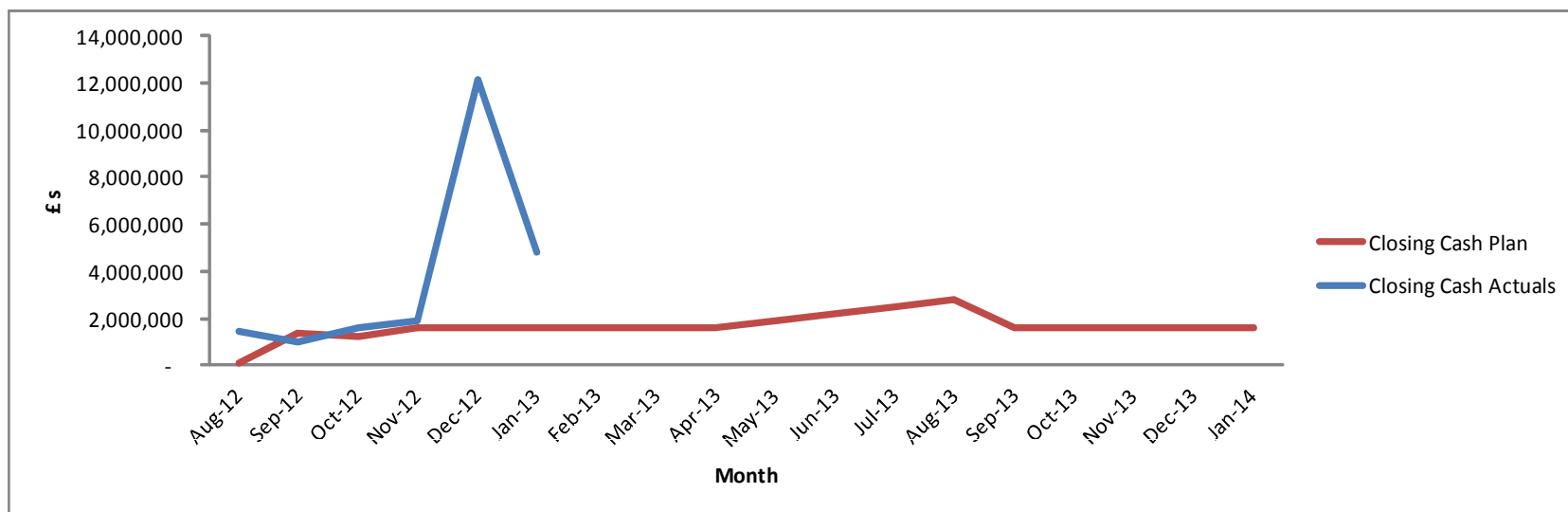
## Commentary:

As at month 10, the YTD CIP plan was overachieved by £473k. The Planned Directorate continue to be the major non-achiever YTD. The overall year end forecast is for achievement of the full year plan of £7,271k. At this stage, the forecast non-recurring CIP is £1,593k. This should be offset by the full year effect of recurring plans implemented part way through 12/13 and additional plans, making the January forecast carried forward risk £1,182k.

# Isle of Wight NHS Trust Board Performance Report 2012/13

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Balance Sheet / Working Capital - Cashflow



## Commentary:

At the end of January, cash in hand and at bank exceeded the planned balance of £1.6m by £3.1m leaving a closing cash balance of £4.7m.

# Isle of Wight NHS Trust Board Performance Report 2012/13

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Capital Programme - Capital Schemes

Capital Scheme	Annual Plan / Budget	YTD Spend	F'cast to Year End	Full Year Cost
	£'000	£'000	£'000	£'000
<b>Minor Schemes =&lt;£250k</b>	<b>1,694</b>	<b>527</b>	<b>1,167</b>	<b>1,694</b>
<b>Major Schemes &gt; £250k:</b>				
Commitments b/fwd from 2011/12	1,979	1,535	444	1,979
Statutory Compliance: Backlog and fire safety	2,014	1,385	629	2,014
Helipad	1,453	854	599	1,453
Accident and Emergency refurbishment	1,278	696	582	1,278
Pathology Refurbishment	1,252	634	618	1,252
Development of the Hub - Communication Centre	608	580	28	608
Frontline Ambulances x3	542	433	109	542
Overflow Car Park	489	7	482	489
Old HSDU Refurb (Phase 1)	450	5	445	450
North Block Fire Alarms	338	110	228	338
Shackleton Newchurch Move	352	6	346	352
East Cowes Project	316	346	-30	316
Fire Stopping Sevenacres	272	137	135	272
Replacement of Mortuary Fridges	249	10	239	249
Backlog high/ medium risk	140	139	1	140
Trust Electronic Data Storage Infrastructure	360	0	360	360
Replacement Chiller Units	229	0	229	229
IT replacement and GP IT	1,126	220	906	1,126
Maternity Birthing Environments	200	1	199	200
Current Slippage to Manage	59			59
<b>Gross Outline Capital Plan</b>	<b>15,400</b>	<b>7,625</b>	<b>7,716</b>	<b>15,400</b>

## Commentary:

Main Hospital Lifts are no longer deliverable by year end therefore in the Capital Plan as commitment into 13.14 (£280k)

All schemes expected to be delivered by year end

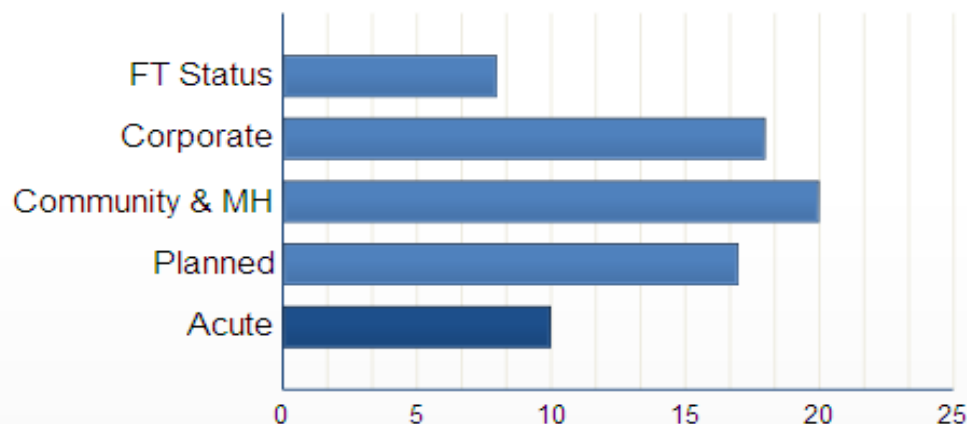
All capital now allocated for 12.13

Endoscopy Decontamination removed from schemes this year and needs to be reviewed. £296k reinvested

Contingency Cases for Changes being completed should there be any slippage by Acute & Community Directorates

## Analysis:

Total risks registered 73



Rank	Risk Title	Directorate	Type	Score
1	REPROVISION OF SHACKLETON HOUSE DEMENTIA UNIT (BAF 6.10)	COMMH	QCE	25
2	ENDOSCOPY NEW BUILD (BAF 6.10)	PLANND	QCE	25
3	TRACK AND TRACE OF RE-USABLE MEDICAL DEVICES TO PATIENT USE IS NOT PLANND		QCE	20
4	RISK OF ARSON TO EXTERNAL WASTE AREA (BAF 6.10)	CORPRI	QCE	20
5	LOW STAFFING LEVELS OF OCCUPATIONAL THERAPISTS ON THE REHABILITATION	COMMH	PATEXP	20
6	VACANCIES IN ADULT SPEECH & LANGUAGE THERAPY TEAM (BAF: 10.73)	COMMH	PATSAF	20
7	VACANT CONSULTANT PHYSICIAN POSTS (BAF: 10.73)	ACUTE	QCE	20
8	LOW STAFFING LEVELS WITHIN OCCUPATIONAL THERAPY ACUTE TEAM (BAF	COMMH	PATSAF	20
9	IMPLEMENTATION OF PRODUCTIVE COMMUNITY SERVICES (BAF 3.8)	COMMH	GOVCOM	20
10	HEATING IN NICU (BAF 2.22)	PLANND	PATSAF	20
11	LEADERSHIP (BAF: 4.9)	CORPRI	GOVCOM	20
12	INFECTION CONTROL RISK DUE TO UNEXPECTED SHORTAGE OF DISPOSABLE	CORPRI	PATSAF	20
13	ORGANISATIONAL FINANCIAL RISK (BAF: 5.26 & 9.67)	CORPRI	GOVCOM	20
14	RISK DUE TO BED CAPACITY PROBLEMS (BAF 2.22 & 6.12)	ACUTE	PATSAF	20
15	RISK OF NOT ACHIEVING THE A&E 4 HOUR TARGET (BAF 3.8)	ACUTE	QCE	20
16	BLOOD SCIENCES OUT-OF-HOURS STAFFING (BAF 4.4)	ACUTE	QCE	20
17	FIRE COMPARTMENTS - CAUSE AND EFFECT OF FIRE ALARM SYSTEM (BAF 6.4	CORPRI	GOVCOM	20
18	FAILING PIT SYSTEM (BAF 6.4)	COMMH	PATSAF	20
19	MANDATORY TRAINING (BAF 10.13)	CORPRI	GOVCOM	20
20	END OF CURRENT PACS CONTRACT 2013 (BAF 6.10)	ACUTE	GOVCOM	20
21	INCREASED DEMAND ON ORTHOTICS (BAF: 8.2)	COMMH	GOVCOM	20

## Commentary

The risk register is reviewed monthly both at Directorate Boards and relevant Trust Board sub-committee meetings

All risks on the register have agreed action plans with responsibilities and timescales allocated.

The Shackleton House risk was on the register previously with a risk score of 16 - this has been provisionally increased to 25 following a recent inspection visit . A number of short term and longer term solutions are currently under review in order to mitigate this risk

Take up of mandatory training remains under close scrutiny at performance review meetings and this is helping to improve compliance levels.



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## Governance Risk Rating

			Insert the Score (1-5) Achieved for each Criteria Per Month									
			Risk Ratings					Reported Position		Normalised Position		
Criteria	Indicator	Weight	5	4	3	2	1	Year to Date	Forecast Outturn	Year to Date	Forecast Outturn	Comments where target not achieved
Underlying performance	EBITDA margin %	25%	1	9	5	1	<1	3	3	3	3	The 12/13 rental figure has been removed from the EBITDA calculation to reflect the position if the assets had been transferred as at 1 April 2012.
Achievement of plan	EBITDA achieved %	10%	100	85	70	50	<50	5	5	5	5	
Financial efficiency	Net return after financing %	20%	>3	2	-0.5	-6	<-6	3	3	3	3	No modification required
	I&E surplus margin %	20%	3	2	1	-2	<-2	1	1	1	1	In 2012/13 the plan is for a surplus of £500k (which only scores 1). In 2013/14 the plan is to achieve a surplus of £1.8m which will yield a score of 3.
Liquidity	Liquid ratio days	25%	60	25	15	10	<10	3	3	3	3	The calculation has been adjusted as if the assets had transferred on 1 April 2012 and that there was a working capital facility of £12m (as confirmed by the SHA calculation) available to the Trust.
Weighted Average		100%						2.8	2.8	2.8	2.8	
Overriding rules								3	3	3	3	
Overall rating								3	3	3	3	

GOVERNANCE RISK RATINGS

Isle of Wight NHS Trust

Insert YES (target met in month), NO (not met in month) or N/A (as appropriate)  
See separate rule for A&E

See 'Notes' for further detail of each of the below indicators

Area	Ref	Indicator	Sub Sections	Threshold	Weighting	Historic Data			Current Data				Board Actions
						Qtr to Jun-12	Qtr to Sep-12	Qtr to Dec-12	Jan-13	Feb-13	Mar-13	Qtr to Mar-13	
Effectiveness	1a	Data completeness: Community services comprising:	Referral to treatment information	50%	1.0	No	No	Yes	Yes			Yes	
			Referral information	50%									
			Treatment activity information	50%									
	1b	Data completeness, community services: (may be introduced later)	Patient identifier information	50%									
			Patients dying at home / care home	50%									
	1c	Data completeness: identifiers MHMDS		97%	0.5	Yes	N/A	N/A	N/A			N/A	
	1c	Data completeness: outcomes for patients on CPA		50%	0.5	Yes	Yes	Yes	Yes			Yes	
Patient Experience	2a	From point of referral to treatment in aggregate (RTT) – admitted	Maximum time of 18 weeks	90%	1.0	Yes	Yes	Yes	Yes			Yes	
	2b	From point of referral to treatment in aggregate (RTT) – non-admitted	Maximum time of 18 weeks	95%	1.0	Yes	Yes	Yes	Yes			Yes	
	2c	From point of referral to treatment in aggregate (RTT) – patients on an incomplete pathway	Maximum time of 18 weeks	92%	1.0	Yes	Yes	Yes	Yes			Yes	
	2d	Certification against compliance with requirements regarding access to healthcare for people with a learning disability		N/A	0.5	No	No	Yes	Yes			Yes	
Quality	3a	All cancers: 31-day wait for second or subsequent treatment, comprising :	Surgery	94%	1.0	No	No	No	Yes			Yes	
			Anti cancer drug treatments	98%									
			Radiotherapy	94%									
	3b	All cancers: 62-day wait for first treatment:	From urgent GP referral for suspected cancer	85%	1.0	Yes	Yes	Yes	Yes			Yes	
			From NHS Cancer Screening Service referral	90%									
	3c	All Cancers: 31-day wait from diagnosis to first treatment		96%	0.5	Yes	No	Yes	Yes			Yes	
	3d	Cancer: 2 week wait from referral to date first seen, comprising:	all urgent referrals	93%	0.5	No	No	No	No			No	Quality and Clinical Performance Ctte to closely monitor delivery of cancer action plans
			for symptomatic breast patients (cancer not initially suspected)	93%									
	3e	A&E: From arrival to admission/transfer/discharge	Maximum waiting time of four hours	95%	1.0	Yes	No	No	No			No	Quality and Clinical Performance Ctte to monitor delivery of improvement activity
	3f	Care Programme Approach (CPA) patients, comprising:	Receiving follow-up contact within 7 days of discharge	95%	1.0	Yes	No	Yes	Yes			Yes	
			Having formal review within 12 months	95%									
	3g	Minimising mental health delayed transfers of care		≤7.5%	1.0	Yes	Yes	Yes	Yes			Yes	
	3h	Admissions to inpatients services had access to Crisis Resolution/Home Treatment teams		95%	1.0	No	Yes	Yes	Yes			Yes	
	3i	Meeting commitment to serve new psychosis cases by early intervention teams		95%	0.5	No	No	Yes	Yes			Yes	
	3j	Category A call – emergency response within 8 minutes	Red 1	80%	0.5	Yes	No	Yes	Yes			Yes	
			Red 2	75%		Yes	Yes	Yes	Yes			Yes	

## GOVERNANCE RISK RATINGS

Isle of Wight NHS Trust

Insert YES (target met in month), NO (not met in month) or N/A (as appropriate)  
See separate rule for A&E

See 'Notes' for further detail of each of the below indicators

Area	Ref	Indicator	Sub Sections	Thresh- old	Weight- ing	Qtr to Jun-12	Qtr to Sep-12	Qtr to Dec-12	Jan-13	Feb-13	Mar-13	Qtr to Mar-13	Board Actions
	3k	Category A call – ambulance vehicle arrives within 19 minutes		95%	1.0	Yes	Yes	Yes	Yes			Yes	
Safety	4a	Clostridium Difficile	Is the Trust below the de minimus	1200%	1.0	Yes	Yes	Yes	Yes			Yes	Progress against control action plans to be reported to Quality and Clinical Performance Ctte
			Is the Trust below the YTD ceiling	800%		No	No	No	No			No	
	4b	MRSA	Is the Trust below the de minimus	600%	1.0	Yes	Yes	Yes	Yes			Yes	Progress against control action plans to be reported to Quality and Clinical Performance Ctte
			Is the Trust below the YTD ceiling	100%		Yes	No	No	No			No	
	CQC Registration												
	A	Non-Compliance with CQC Essential Standards resulting in a Major Impact on Patients		0%	2.0	No	No	No	No			No	
	B	Non-Compliance with CQC Essential Standards resulting in Enforcement Action		0%	4.0	No	No	No	No			No	
	C	NHS Litigation Authority – Failure to maintain, or certify a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements		0%	2.0	No	No	No	No			No	
TOTAL						4.5 R	6.5 R	2.5 AR	1.5 AG	0 G	0 G	2.5 AR	

## RAG RATING :

GREEN = Score less than 1

AMBER/GREEN = Score greater than or equal to 1, but less than 2

AMBER / RED = Score greater than or equal to 2, but less than 4

RED = Score greater than or equal to 4

# Isle of Wight NHS Trust Board Performance Report 2012/13

January 13

## Benchmarking Update

Periodically the Department of Health releases statistics on Key national performance indicators in order to provide transparency on NHS performance and outcomes. They are derived from data provided by NHS organisation in response to officially licenced data collections. The following table shows how the IW NHS Trust performed against other NHS & Foundation Trusts against these KPIs.

### Benchmarking of Key National Performance Indicators:

	National Target	National Performance			IW Performance	IW Rank	IW Status	Data Period
		Best	Worst	Average				
RTT:% of admitted patients who waited 18 weeks or less	90%	100%	67%	92.0%	94.3%	48/173	Better than national average	Nov-12
RTT: % of non-admitted patients who waited 18 weeks or less	95%	100%	88%	97.4%	97.9%	94/201	Better than national average	Nov-12
RTT % of incomplete pathways within 18 weeks	92%	100%	70%	94.6%	95.5%	97/201	Better than national average	Nov-12
% Patients waiting > 6 weeks for diagnostic	1%	0%	15%	0.7%	0.1%	90/182	Better than national average	Nov-12
Emergency Care 4 hour Standards	95%	100%	87%	95.7%	95.2%	105/183	Worse than national average	Qtr 3 12/13
Ambulance Category A Calls % < 8 minutes - Red 1	75%	81%	66%	73.1%	81.3%	1/12	Top Quartile	Nov-12
Ambulance Category A Calls % < 8 minutes - Red 2	75%	78%	73%	75.8%	76.0%	8/12	Better than national average	Nov-12
Ambulance Category A Calls % < 19 minutes	95%	98%	93%	96.3%	98.3%	1/12	Top Quartile	Nov-12
Cancer patients seen <14 days after urgent GP referral*	93%	100%	90%	95.4%	93.9%	143/167	Bottom Quartile	Qtr 2 12/13
Cancer diagnosis to treatment <31 days*	96%	100%	89%	98.4%	98.2%	115/170	Worse than national average	Qtr 2 12/13
Cancer urgent referral to treatment <62 days*	85%	100%	57%	87.3%	89.9%	60/173	Better than national average	Qtr 2 12/13
Breast Cancer Referrals Seen <2 weeks*	93%	100%	85%	95.7%	89.8%	136/142	Bottom Quartile	Qtr 2 12/13
Cancer Patients receiving subsequent surgery <31 days*	94%	100%	90%	97.5%	100.0%	=1/159	Top Quartile	Qtr 2 12/13
Cancer Patients receiving subsequent Chemo/Drug <31 days*	98%	100%	90%	99.8%	99.0%	148/153	Bottom Quartile	Qtr 2 12/13
Cancer Patients treated after consultant upgrade <62 days*	85%	100%	0%	93.2%	100.0%	=1/153	Top Quartile	Qtr 2 12/13
Cancer Patients treated after screening referral <62 days*	90%	100%	33%	93.2%	100.0%	=1/146	Top Quartile	Qtr 2 12/13
Stroke patients (90% of stay on Stroke Unit)	80%	100%	65%	86.1%	89.0%	62/151	Better than national average	Qtr 2 12/13
High risk TIA fully investigated & treated within 24 hours	60%	100%	21%	74.5%	76.1%	83/149	Better than national average	Qtr 2 12/13
VTE Risk Assessment	90%	100%	81%	93.8%	92.1%	123/163	Bottom Quartile	Qtr 2 12/13

**Please note:** the numbers quoted in this report will not match the balanced scorecard due to different data periods. All of the information in this section is taken directly from the DH Publication

Key:

Better than National Target = Green  
Worse than National Target = Red

Top Quartile = Green  
Median Range Better than Average = Amber Green  
Median Range Worse than Average = Amber Red  
Bottom Quartile = Red

# Isle of Wight NHS Trust Board Performance Report 2012/13

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## Performance Summary - Acute Directorate

### Performance on a Page - Acute Directorate

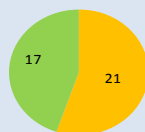
Governance Risk Rating M10:

1 - AG

#### Risk Register Summary: As at 01/02/2013

Risk Title	Risk Score	Type
Vacant Consultant Physician Posts	20	QCE
Risk due to bed capacity problems	20	PATSAF
Risk of not achieving the A&E 4 hour target	20	QCE
Blood Sciences out-of-hours staffing	20	QCE

Status of actions  
for all Acute Risks



#### Key Performance Indicators:

As at M10:

	Latest Data	In Month		YTD	
		Org	Directorate	Org	Directorate
A&E Waits - Total time in A&E	Jan-13	94.2%	94.2%	95.2%	95.2%
MRSA	Jan-13	0	0	2	1
CDIFF	Jan-13	1	1	12	6
RTT Admitted - % within 18 Weeks	Dec-12	94.2%			
RTT Non Admitted - % within 18 Weeks	Dec-12	97.2%	97.7%		
RTT Incomplete - % within 18 Weeks	Dec-12	95.5%	95.2%		
RTT delivery in all specialties	Dec-12	1	0		
Diagnostic Test Waiting Times	Jan-13	1	0	7	0
Cancer 2 wk GP referral to 1st OP	Jan-13	87.66%		92.97%	
Breast Symptoms 2 wk GP referral to 1st OP	Jan-13	100.00%		93.50%	
31 day second or subsequent (surgery)	Jan-13	94.4%		97.3%	
31 day second or subsequent (drug)	Jan-13	100.0%		99.6%	
31 day diagnosis to treatment for all cancers	Jan-13	100.0%		99.0%	
62 day referral to treatment from screening	Jan-13	100.0%		100.0%	
62 days urgent referral to treatment of all cancers	Jan-13	88.1%		91.4%	
Delayed Transfers of Care	Sep-12	0.10%		0.10%	
Mixed Sex Accommodation Breaches	Jan-13	0	0	15	15
VTE Risk Assessment	Jan-13	95.7%		93.1%	
% of Category A calls within 8 minutes (Red 1)	Jan-13	76.9%	76.9%	77.0%	76.9%
% of Category A calls within 8 minutes (Red 2)	Jan-13	76.3%	76.3%	76.9%	76.3%
% of Category A calls within 19 minutes	Jan-13	97.0%	97.0%	97.4%	97.0%

\*Cancer figures for January are provisional

#### Workforce Headlines:

As at M10:

	In Month		YTD	
	Org	Directorate	Org	Directorate
% Sickness Absenteeism	4.73%	4.66%	3.61%	3.52%
FTE vs Budget			-53.3	-14.2
Appraisals			81.7%	78.0%
Agency Cost	TBC	£130,917	TBC	TBC
Agency Usage	TBC	TBC	TBC	TBC

#### Finance Headlines:

As at M10:

	YTD		Forecast Outturn	
	Org	Directorate	Org	Directorate
Actual vs Budget	-11.9	165.0	TBC	TBC
CIP	-228.0	186.0	1.2	1.0

#### Quality Headlines:

As at M10:

	In Month		YTD	
	Org	Directorate	Org	Directorate
SIRIs	17	4	147	37
Incidents	438	127	4,328	1,419
Complaints	23	11	282	122

#### Case for Change:

No. of Active Case for Change:	Red status	Green Status	% Green Status
24	4	21	88%

Note:

Red status is given to any case for change with an overdue milestone

Information presented is the worst case scenario as updated information may show that some of the actions have been completed.

#### SLA Performance:

As at M09:

	Activity		Income - £000	
	Actual	Var to Plan	Actual	Var to Plan
Emergency Spells	6,375	398	12,168	1,036.7
Elective Spells	157	4	254	18.9
Outpatients Attendances	21,840	3,663	3,485	469.4
Total			15,907	1525.0

Overall demand placed on the directorate is above plan, particularly in outpatients (20% above plan M09 YTD). Despite this increased demand workforce indicators remain broadly on target, absenteeism (3.52% M10 YTD) and FTE below budget (14.2 M10 YTD).

Increased demand also does not appear to be leading to a decline in the majority of performance indicators with almost all being achieved. However, whilst performance remains above target measures are declining in some areas due to pressures in patient flow e.g. Emergency Care 4 hour standard (94.2% M10) which was below 95.0% target.

Increased demand does not appear to be having negative impact on quality indicators. Performance on indicators such as MRSA, and Mixed sex accommodation has been maintained from previous months, however, there was one case of C.Diff reported during M10.

Over performance in pay budget (£1,019k M10) when compared with under performance in FTE numbers are the result of a high use of Locums within the directorate. This is partially offset by under-spend in non-pay (£238k) and over performance in income (£616k).

# Isle of Wight NHS Trust Board Performance Report 2012/13

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## Performance Summary - Planned Directorate

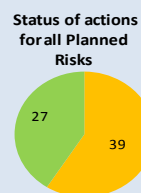
### Performance on a Page - Planned Directorate

Governance Risk Rating M10:

0.5 - G

#### Risk Register Summary: As at 01/02/2013

Risk Title	Risk Score	Type
Endoscopy new build	25	QCE
Track and trace of re-usable medical devices to patients	20	QCE
Heating in NICU	20	PATSAF
Significant loss of business	16	PATEXP



#### Key Performance Indicators:

As at M10:

	Latest Data	In Month		YTD	
		Org	Directorate	Org	Directorate
A&E Waits - Total time in A&E	Jan-13	94.2%		95.2%	
MRSA	Jan-13	0	0	2	1
CDIFF	Jan-13	1	0	12	4
RTT Admitted - % within 18 Weeks	Dec-12	94.2%	94.2%		
RTT Non Admitted - % within 18 Weeks	Dec-12	97.2%	96.8%		
RTT Incomplete - % within 18 Weeks	Dec-12	95.5%	95.5%		
RTT delivery in all specialties	Dec-12	1	1		
Diagnostic Test Waiting Times	Jan-13	1	1	7	7
Cancer 2 wk GP referral to 1st OP	Jan-13	87.66%	87.66%	92.97%	92.97%
Breast Symptoms 2 wk GP referral to 1st OP	Jan-13	100.00%	100.00%	93.50%	93.50%
31 day second or subsequent (surgery)	Jan-13	94.4%	94.4%	97.3%	97.3%
31 day second or subsequent (drug)	Jan-13	100.0%	100.0%	99.6%	99.6%
31 day diagnosis to treatment for all cancers	Jan-13	100.0%	100.0%	99.0%	99.0%
62 day referral to treatment from screening	Jan-13	100.0%	100.0%	100.0%	100.0%
62 days urgent referral to treatment of all cancers	Jan-13	88.1%	88.1%	91.4%	91.4%
Delayed Transfers of Care	Sep-12	0.10%		0.10%	
Mixed Sex Accommodation Breaches	Jan-13	0	0	15	0
VTE Risk Assessment	Jan-13	95.7%		93.1%	
% of Category A calls within 8 minutes (Red 1)	Jan-13	76.9%		77.0%	
% of Category A calls within 8 minutes (Red 2)	Jan-13	76.3%		76.9%	
% of Category A calls within 19 minutes	Jan-13	97.0%		97.4%	

\*Cancer figures for January are provisional

#### Workforce Headlines:

As at M10:

	In Month		YTD	
	Org	Directorate	Org	Directorate
% Sickness Absenteeism	4.73%	4.63%	3.61%	3.80%
FTE vs Budget			-53.3	-16.6
Appraisals			81.7%	96.4%
Agency Cost	TBC	£130,917	TBC	TBC
Agency Usage	TBC	TBC	TBC	TBC

#### Finance Headlines:

As at M10:

	YTD		Forecast Outturn	
	Org	Directorate	Org	Directorate
Actual vs Budget	-11.9	1596.7	TBC	TBC
CIP	-228.0	-400.8	1.2	-186.7

#### Quality Headlines:

As at M10:

	In Month		YTD	
	Org	Directorate	Org	Directorate
SIRIs	17	3	147	28
Incidents	438	95	4,328	1,193
Complaints	23	10	282	114

#### Case for Change:

No. of Active Case for Change:	Red status	Green Status	% Green Status
24	4	21	88%

Note:

Red status is given to any case for change with an overdue milestone

Information presented is the worst case scenario as updated information may show that some of the actions have been completed.

#### SLA Performance:

As at M09:

	Activity		Income - £000	
	Actual	Var to Plan	Actual	Var to Plan
Emergency Spells	3,772	-44	8,350	-160.1
Elective Spells	6,601	365	9,919	-93.4
Outpatients Attendances	64,162	4,266	8,628	493.9
Total			26,897	240.3

Overall demand placed on the directorate is slightly above plan, particularly in outpatients (6% above plan M09 YTD). Workforce indicators suggest a workforce operating at capacity, absenteeism (3.80% M10 YTD) and FTE below budget (16.6 M10 YTD).

Increased demand appears to be leading to some issues in waiting times with both diagnostic wait and RTT breaches. However, provisional results for performance in the majority of cancer targets suggests that the directorate is performing well.

Performance on indicators such as MRSA, C.Diff and Mixed sex accommodation has been maintained from previous month.

Over performance in pay budget (£753k M10) and non-pay (£1,153k) have been affected by the provision of a significant number of medical beds and associated staff & non staff costs in Wards.



# Isle of Wight NHS Trust Board Performance Report 2012/13

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## Performance Summary - Community Health Directorate

### Performance on a Page - Community Directorate

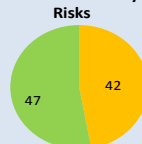
Governance Risk Rating M10:

0 - G

#### Risk Register Summary: As at 01/02/2013

Risk Title	Risk Score	Type
Reprovision of Shackleton House Dementia Unit	25	QCE
Low Staffing Levels within Occupational Therapy	20	PATEXP
Vacancies in adult speech & language therapy team	20	PATSAF
Low staffing levels within occupational therapy	20	PATSAF

Status of actions  
for all Community  
Risks



#### Key Performance Indicators:

As at M10:

	Latest Data	In Month		YTD	
		Org	Directorate	Org	Directorate
A&E Waits - Total time in A&E	Jan-13	94.2%		95.2%	
MRSA	Jan-13	0	0	2	0
CDIFF	Jan-13	1	0	12	2
RTT Admitted - % within 18 Weeks	Dec-12	94.2%			
RTT Non Admitted - % within 18 Weeks	Dec-12	97.2%	99.2%		
RTT Incomplete - % within 18 Weeks	Dec-12	95.5%	96.1%		
RTT delivery in all specialties	Dec-12	1	0		
Diagnostic Test Waiting Times	Jan-13	1	0	7	0
Cancer 2 wk GP referral to 1st OP	Jan-13	87.66%		92.97%	
Breast Symptoms 2 wk GP referral to 1st OP	Jan-13	100.00%		93.50%	
31 day second or subsequent (surgery)	Jan-13	94.4%		97.3%	
31 day second or subsequent (drug)	Jan-13	100.0%		99.6%	
31 day diagnosis to treatment for all cancers	Jan-13	100.0%		99.0%	
62 day referral to treatment from screening	Jan-13	100.0%		100.0%	
62 days urgent referral to treatment of all cancers	Jan-13	88.1%		91.4%	
Delayed Transfers of Care	Sep-12	0.10%		0.10%	
Mixed Sex Accommodation Breaches	Jan-13	0	0	15	0
VTE Risk Assessment	Jan-13	95.7%		93.1%	
% of Category A calls within 8 minutes (Red 1)	Jan-13	76.9%		77.0%	
% of Category A calls within 8 minutes (Red 2)	Jan-13	76.3%		76.9%	
% of Category A calls within 19 minutes	Jan-13	97.0%		97.4%	

\*Cancer figures for January are provisional

#### Workforce Headlines:

As at M10:

	In Month		YTD	
	Org	Directorate	Org	Directorate
% Sickness Absenteeism	4.73%	5.21%	3.61%	3.71%
FTE vs Budget			-53.3	-5.2
Appraisals			81.7%	75.4%
Agency Cost	TBC	£130,917	TBC	TBC
Agency Usage	TBC	TBC	TBC	TBC

#### Finance Headlines:

As at M10:

	YTD		Forecast Outturn	
	Org	Directorate	Org	Directorate
Actual vs Budget	-11.9	-307.6	TBC	TBC
CIP	-228.0	-11.2	1.2	143.8

#### Quality Headlines:

As at M10:

	In Month		YTD	
	Org	Directorate	Org	Directorate
SIRIs	17	10	147	79
Incidents	438	146	4,328	1,263
Complaints	23	1	282	37

#### Case for Change:

No. of Active Case for Change:	Red status	Green Status	% Green Status
24	4	21	88%

Note:

Red status is given to any case for change with an overdue milestone

Information presented is the worst case scenario as updated information may show that some of the actions have been completed.

#### SLA Performance:

As at M08:

	Activity		Income - £000	
	Actual	Var to Plan	Actual	Var to Plan
Community Contacts	154,432	10,520	n/a	n/a
Mental Health Community	44,965	2,799	n/a	n/a
Mental Health Consultant Led Outpatients	4,600	-306	n/a	n/a
Mental Health Inpatients	596	91	n/a	n/a
Total			0	0.0

Overall demand placed on the directorate is above plan, particularly in Community Contacts. Absenteeism (3.71% M10 YTD) and FTE below budget (5.2 M10 YTD) coupled with increased demand may suggest a workforce being stretched.

In general increased demand does not appear to be having an adverse effect on key performance indicators for the directorate with all being shown to be better than plan.

General quality indicators for the directorate appear to be better than plan. One focus area is serious incidents requiring investigation reported to the SHA (SIRI's). Over half of the SIRI's are attributed to the directorate (79/147 at M10). Detailed root cause analysis is being undertaken into these incidents and early indication suggests a large amount relate to pressure ulcers.

Pay budget is slightly over-spent (£129k M10, 0.5%). However, this is being offset by an under-spend in non-pay (£370k) and increased income (£66k) giving an overall positive financial position (£307k).